## SUPPLEMENTARY MATERIALS

## Table S1. Questions in the Kihon Checklist

Domain	Questions
Instrumental activities of daily living	Do you go out by bus or train by yourself?
	Do you go shopping to buy daily necessities by yourself?
	Do you manage your own deposits and savings at the bank?
	Do you sometimes visit your friends?
	Do you turn to your family or friends for advice?
Physical function	Do you normally climb stairs without using handrail or wall for support?
	Do you normally stand up from a chair without any aids?
	Do you normally walk continuously for 15 minutes?
	Have you experienced a fall in the past year?
	Do you have a fear of falling while walking?
Nutritional status	Have you lost 2 kg or more in the past 6 months?
	Height: cm, weight: kg, BMI: kg/m <sup>2</sup> If BMI is<18.5, this item is scored
Oral function	Do you have any difficulties eating tough foods compared to 6 months ago?
	Have you choked on your tea or soup recently?
	Do you often experience having a dry mouth?
Social isolation	Do you go out at least once a week?
	Do you go out less frequently compared to last year?
Cognitive function	Do your family or your friends point out your memory loss? e.g., "You ask the same question
	over and over again."
	Do you make a call by looking up phone numbers?
	Do youfind yourself not knowing today's date?
Depressive mood	In the last 2 weeks have you felt a lack of fulfillment in your daily life?
	In the last 2 weeks have you felt a lack of joy when doing the things youused to enjoy?
	In the last 2 weeks have you felt difficulty in doing what you could do easily before?
	In the last 2 weeks have you felt helpless?
	In the last 2 weeks have you felt tired without a reason?